

**Food and Facilities Program**401 Fifth Avenue, Suite 1100  
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www.kingcounty.gov/health

**Public Health**   
Seattle & King County**Plan Review Submittal  
Cover Sheet - \*REQUIRED\***  
**For Permanent Food Service Establishments**

**Please place this cover sheet on top of the plans or on the outside of a set of plans.** All of the following information must be submitted in the following order. **Incomplete plans will not be accepted until all required information is received.** Only completed plans will be processed and reviewed.

Establishment Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_  
Street City Zip

Applicant/Contact Person for Plans \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

For City of Seattle only – DPD Project Number (if already assigned) \_\_\_\_\_

**Page number in plans or specifications should be noted below.**

Please Check if Item included	Item	Information Required	Location in Plans (page number)	Public Health Notes
<input type="checkbox"/>	Plan Review Application	Application must be complete		
<input type="checkbox"/>	Plan Review Fee	-New: \$764 (4 hour base) -Remodel: \$573 (3 hour base) -Multiple Permit: \$573 (3 hour base) -Resubmitted Plans: \$191.00/hr <i>*Hourly rate of \$191 charged after the base time</i>		
<input type="checkbox"/>	Site Plan	Show building in relation to streets, sidewalks and parking		
<input type="checkbox"/>	Detailed Menu	List of food and beverage items to be prepared and served.		
<input type="checkbox"/>	Equipment Floor Plans	2 Sets of plans required. <i>* Refer to the Permanent Plan Review Guidelines for specific items required in the floor plans and for more details.</i>		
<input type="checkbox"/>	Equipment Schedule	List the make and model of all equipment		
<input type="checkbox"/>	Finish Schedule	List the finish of the floors, walls and ceilings in all areas.		
<input type="checkbox"/>	Seating Arrangements	Show the placements of chairs and tables for both indoor and outdoor seating		

For Office Use Only: Administrative review: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Activity min: \_\_\_\_\_